



**Redressing Gendered Health
Inequalities of Displaced
Women and Girls**

Project Name: Redressing Gendered Health Inequalities of Displaced Women and Girls in contexts of Protracted Crisis in Central and South America (ReGHID)

Context

The overarching objective of ReGHID is to improve the delivery of SRH and SRHR of reproductive age women (aged 25-49) and adolescent girls (15-24) in situations of protracted displacement, to engender both evidence-based advocacy and concrete policy proposals for improving coverage of SRH services and developing responsive and inclusive durable solutions for wellbeing and development of all.

ReGHID Objectives

- To develop new quantitative and qualitative empirical evidence on the impact of displacement on the SRH needs of women and adolescent girls in Central America and Venezuela (WPs 1-3)
- To co-produce research with non-governmental and civil society organisations working with displaced women and adolescent girls to uncover the lived experiences of their right to health in relation to SRH, and the strategies of displaced women and adolescent girls deploy to meet those needs, including from public and non-state providers in places of transit and settlement (WP2)
- To co-produce a holistic understanding of the pressure that the SRH needs of displaced migrant women and adolescents place on local health systems in places of settlement, including an analysis of the resources and capacity required to meet SRH needs and rights (WP3, WP4)
- To analyse whether and how health systems respond to, compromise or deny SRH needs and rights for migrant women and girls in places of settlement (WP4)
- To co-develop with health service researchers, local and regional stakeholders a 'Comprehensive Healthcare Model', proposing concrete changes at local (public) health system level to deliver gender-responsive and rights-based services (WP4)
- To co-develop and implement with key local stakeholders (including associations of women and adolescent girls, NGOs, and the OIM), strategies for guiding planning for the effective delivery of displaced women and adolescent girls' SRHR through 'the AGAPE guide':

- 1) **Assessment** of female displaced migrant SRH needs and SRHR,
- 2) **Guidance** in identifying and accessing services in destinations,
- 3) **Assistance** in processes of movement and sites of transit and settlement,
- 4) **Protection** from wrongs and harms that impact on SRH,
- 5) **Enabling** self-reliance and movement to durable solution (WP5, WP6)

Methodological Innovation

The project was conceived as a multi-method endeavour. REGHID will co-produce knowledge and outputs using a range of social science methodologies for data collection, including analysis of secondary and published data sets and documents; qualitative semi-structured elite interviewing; and grounded fieldwork in three sites using a combination of interviewing, participatory community research, community workshops and FGDs.

Qualitative methods include FGDs and interviews with key informants using interpretive questions and appreciative inquiry (Duncan and Ridley Duff 2014) to explore directly with groups of displaced women and adolescent girls, to understand their individual experience as forced migrants and during displacement. This will yield the detailed information about the social, cultural, and gendered experience of women and adolescent girls in relation to their SRH and understanding of entitlement and obligations around healthcare as well as coping mechanisms (individual and through networks). Here the focus is on starting with what women and adolescent girls value and appreciate now, rather than starting from a given stance. As part of this method of inquiry, stakeholder meetings and focus groups will be facilitated with the use of soft systems methodology (SSM), which helps participants to collectively identify issues and processes by which such issues might be addressed. These methods will produce data and themes that will feed the design of surveys as a data collection method to be implemented during WP4.

Quantitative methods will include the construction and implementation of surveys in multi-sited research strategies to include and assess contemporary and retrospective questions that will uncover short-term variations in health outcomes caused by internal and protracted displacement due to conflict violence and humanitarian crisis.

Co-production of knowledge and participatory research supported by dialogical research, participatory workshops, planning and photo documentation, co- theorisation and co-design of SRHR strategies for community information, policy and advocacy (WP2, WP5). We will also co-produce policy relevant and evidence based local health system modelling, concerning gender-responsive and rights-based services and local system financing (WP4). This policy modelling has distinct and impactful potential to serve as a blueprint for the planning of effective, context-sensitive policy

solutions to protect the SRH (ultimately promoting the socio-economic development) of populations in situation of protracted displacement and host populations (WP5, WP6).

1. Description of The Data

1.1 Type of study

The programme of work will develop quantitative and qualitative research to improve the delivery of sexual and reproductive health and rights (SRHR) of women and adolescent girls in situation of protracted displacement; support both evidence-based advocacy and concrete policy proposals for improving SRH services for displaced women and adolescent girls; propose a durable solution for responsive and inclusive health systems.

1.2 Types of data

The work will be based on secondary survey datasets plus extensive primary data that will be collected through: two rounds of a survey in Brazil; one round of a survey in El Salvador; interviews, focus group and stakeholder workshops.

2. Data Collection / Generation

2.1 Methodologies for data collection / generation

Data for quantitative analyses will be compiled from secondary household survey datasets prepared by other institutions (DHS, Fiocruz Brazil), and from primary surveys in Brazil (Roraima state) and El Salvador, which will be conducted by our partner Fiocruz Brazil and FLACSO Honduras respectively, both preceded by small pilot surveys. Qualitative data will be collected through focus groups and stakeholder interviews/workshops. All research will undergo ethical review both in Brazil and Southampton. Processes of informed consent will be in place for all participants and will be adapted to the method and local context.

Outputs And Impact

Outputs include theoretical and empirical contributions to policy and academic debates. Impact has been embedded in the design of this proposal with NGOs, IOM and regional organisations. We will strengthen access to SRH needs and support a shift towards rights-based inclusive and responsive health system services.

A first major co-produced output with IOM in consultation with local health authorities will be the development of an adjusted Comprehensive Healthcare Model for one Colombian municipality, Norte de Santander: MIAS Norte de Santander (MIAS-NS). This consists of evidence-based modelling

of local (public) health system to effectively address SRHR needs, concerning primarily two interrelated building blocks: (i) delivery of gender-responsive services and its links to (ii) local system financing. The impact of this model will be championed by the IOM and COMISCA in stakeholder workshops in their offices in El Salvador with regional actors, policy makers and health authorities in the region. A second set of outputs is based on the AGAPE guide and video documentaries which will extend and enhance successful strategies and the routine work of our partners MSF, ABRASCO, IOM, IPAS and UNFPA working directly with displaced women and adolescent girls and to sensitise the community and health system workers more widely, benefiting both their work and the targeted community. We will work with them in awareness campaigns and informed action through training sessions, workshops and information campaigns amongst displaced women and girls, health authorities and the wider community in sites of research. In addition, we will produce a photo book co-produced with forced migrant women and adolescent girls in the early stages of the project, which together with poster presentations will initiate discussions with policy-makers at project conferences, stakeholder workshops and associated engagement meetings and training events. Finally, peer-reviewed academic papers will be published in leading social scientific journals, with Spanish and Portuguese-language versions also available. Spanish, Portuguese and English Project Information Briefs and e-Newsletters will be targeted at stakeholders in policy, academic and advocacy communities, and fieldwork updates will be disseminated through the project web site and partners' media outlets and mailing lists.

Direct beneficiaries include: (i) scholars and researchers across the fields of social science (politics, international development, international relations, geography and anthropology, demography), health economics and public health; (ii) regional organisations (most directly MSF, COMISCA, IOM), who include impact activities and outputs into their routines and programming; (iii) national policy makers in Central and South America as the data and the policy modelling closely align with the strategic goals in national governments; and (iv) migrant communities, local healthcare workers, health and gender activists and civil society groups. REGHID will also inform the future research of partners, as well as the communities where our research takes place. Finally, we will encourage, nurture and consolidate research capacity, both in terms of South-North exchanges and in terms of ECR. There will be ECR fellows appointed at the Universities of Southampton, York, LACSO/Honduras and Fiocruz, working closely with Ministry of Health in Colombia and Brazil, NGOs and the intergovernmental organisations such as IOM and COMISCA. These ECR will contribute to research activities, adding to a cadre of researchers in these institutions and the field.